

TRAINING ACHIEVEMENT (Parents and Carers ONLY) Copy to be retained by staff/carers and also to be filed in Childs Nursing record

Patient _____ CHI _____

This is to confirm that _____ are trained and competent in all aspects of _____

Areas covered (Bullet Points below from Competency record)

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Or

This is to confirm that _____ have been trained in _____

I agree that I feel confident to carry out the care as demonstrated and through the training I have received

Professional Signature

Date

Parent / Carer Signature

Date

Parent /Carer Signature

Date